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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** JDM-031118**First Named Inventor** Medsker**COMPLETE IF KNOWN****Application Number****Filing Date**

September 23, 2003

**Group Art Unit****Examiner Name****As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Powerchute Apparatus

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

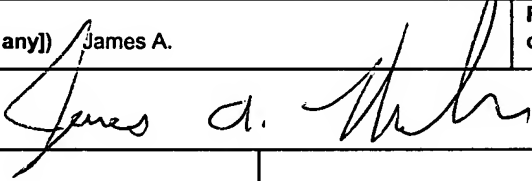
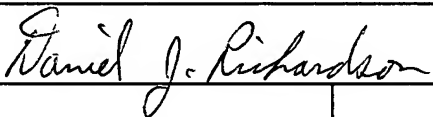
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

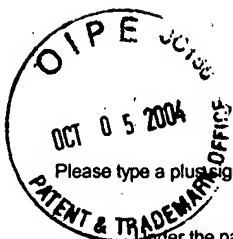
[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.



## DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;">30981</span> OR <input type="checkbox"/> Correspondence address below			
Name Jovan N. Jovanovic			
Address 170 College Avenue, Suite 230			
City Holland		State MI	ZIP 49423
Country US	Telephone (616) 355-0400		Fax (616) 355-9862
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James A.		Family Name or Surname Medsker	
Inventor's Signature 			Date 7/14/04
Residence: City Lawton	State MI	Country US	Citizenship US
Mailing Address 27454 County Road 358			
City Lawton	State MI	ZIP 49065	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Daniel J.		Family Name or Surname Richardson	
Inventor's Signature 			Date 7-14-04
Residence: City Schoolcraft	State MI	Country US	Citizenship US
Mailing Address 7953 West U. Avenue			
City Schoolcraft	State MI	ZIP 49087	Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

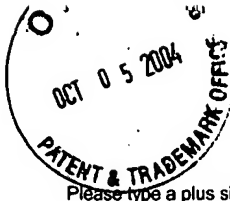
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Matt F.		Dautle	
Inventor's Signature <i>Matt F. Dautle</i>		Date <i>1-4-04</i>	
Residence: City Three Rivers	State MI	Country US	Citizenship US
Mailing Address 615 Thomas Street			
Mailing Address			
City Three Rivers	State MI	ZIP 49093	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert William		Taylor	
Inventor's Signature <i>Robert William Taylor</i>		Date <i>7-14-04</i>	
Residence: City Plainwell	State MI	Country US	Citizenship US
Mailing Address 425 Midlakes Blvd.			
Mailing Address			
City Plainwell	State MI	ZIP 49080	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Shawn R.		Brueshaber	
Inventor's Signature <i>Shawn R. Brueshaber</i>		Date <i>7-14-04</i>	
Residence: City Kalamazoo	State MI	Country US	Citizenship US
Mailing Address 277 Timber Ridge Drive			
Mailing Address			
City Kalamazoo	State MI	ZIP 49006	Country US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Benjamin M.		Marvin	
Inventor's Signature <i>Benjamin M. Marvin</i>		Date <i>7-14-04</i>	
Residence: City	Constantine	State	MI
Country	US	Citizenship	US
Mailing Address 62951 Decker Avenue			
Mailing Address			
City	Constantine	State	MI
ZIP	49042	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John C.		Shimer	
Inventor's Signature <i>John C. Shimer</i>		Date <i>7/14/04</i>	
Residence: City	Three Rivers	State	MI
Country	US	Citizenship	US
Mailing Address 420 Tenth Avenue			
Mailing Address			
City	Three Rivers	State	MI
ZIP	49093	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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